

Station 31 Epidemiological Study Advisory Panel

Meeting Notes – August 9, 2004

Present: Edsonya Charles, John Gablehouse, Dennis Karl, Greg Kipp, Maggie McDonald, Eric Ossiander, Barbara Silverstein, David Solet, Nguyet Tran, Tom Vaughan

Absent: Dan Nelson, Juliet VanEenwyk

Guest: Jonathan Siekmann

Agenda Item	Discussion	Action/Follow-up
1. Update	<p>Maggie McDonald gave an update of activities since the last meeting in late February.</p> <p><u>Epidemiological Study Advisory Panel</u> - During the Spring, the steps needed to prepare for the epidemiological study were completed; ie, the Institutional Review Board approval by the Fred Hutchinson Cancer Research Center and the data match. Nguyet Tran will share the preliminary study results at this meeting.</p> <p><u>Medical Testing Advisory Panel</u> – Based on the results of the industrial hygiene analysis of the Station 31 building, the Medical Panel concluded that the surface lead exposure risk was small, but recommended that a blood lead level test be offered as an option to firefighters to allay any potential concerns. From February through June, 2004, 115 firefighters or 7% of the potential pool of individuals opted to have their blood lead levels tested at the North Public Health Center. Maggie reported the range of results for the entire tested population; this is confidential information and not reported in these notes.</p> <p>Also, in accordance with state and federal confidentiality laws, Public Health asked permission of those individuals to publicly release their test result in</p>	

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	<p>aggregate form. Those willing to release their result signed an authorization form for use and disclosure of protected health information. Forty (40) people or 35% of the tested population authorized release. The 40 results ranged from 0-5 micrograms of lead/deciliter of blood ($\mu\text{g}/\text{dl}$). This public information is posted on the Station 31 website.</p> <p>Barbara Silverstein stated that the action level for blood lead levels for the State of Washington Department of Labor and Industries is 25 $\mu\text{g}/\text{dl}$. The full range of results is well below this level. The panel agreed the blood lead level results were good news and raised no concerns.</p> <p>Dennis Karl reported that the firefighters are waiting for the results of the epidemiological study.</p>	
<p>2. PIR Analysis and Discussion/ Feedback</p>	<p>Nguyet Tran shared the preliminary results of the PIR analysis. Nguyet conducted the analysis with assistance from Eric Ossiander and Juliet VanEenwyk. The panel reviewed and discussed the results. Two data-related issues were resolved as follows:</p> <ol style="list-style-type: none"> 1. Eighty-four (84) individuals, or about 5% of the firefighters in the Station 31 database have out-of-state addresses. Any cancer diagnoses confirmed out-of-state for these individuals would not have been captured by the data match. The panel concluded that this would be the same issue for the reference population and that the small number of potential cancer diagnoses not included in the study from this group of 84 individuals would not significantly affect the analysis. 2. Nguyet stated that a handful of firefighters were diagnosed with various cancers before working at Station 31. The panel concluded that these cancer diagnoses should be counted in the study as their 	<p>Dennis will confirm that the names of the individuals are included in the Station 31 database. To protect confidentiality, he will forward the names via telephone to Maggie who will contact Nguyet. Nguyet will check the cancer match data to see if these individuals are included. If there is a discrepancy, the panel will be notified to determine next steps.</p> <p>Based on the panel's feedback, Nguyet will make the following changes/additions to the draft final report:</p> <ol style="list-style-type: none"> 1. All 20 types of cancer diagnoses found in the Station 31 firefighter population will be displayed in the table. For confidentiality reasons, diagnoses of less than 3 for a particular cancer will be noted as such

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	<p>inclusion would not change the overall analysis.</p> <p>Dennis Karl expressed concern that the anecdotal information about numbers of brain cancer obtained by Local 27 may not match up with the study results. The panel discussed that various reasons could account for this (location of primary cancer site is different, diagnosis past 2003, benign brain tumor) but agreed that this should be investigated in order to ensure that the results are interpreted as credible.</p> <p>The panel agreed that a “Frequently Asked Questions” guide should be released along with the final report in order to provide answers to common questions and to help make the results understandable to the non-scientific community. The panel will consult on the answers to the questions. Firefighters on the panel will think of questions and questions will also be gathered at the Station 31 Task Force meeting on September 7th, where the study results will be discussed.</p> <p>It was noted that it would be helpful if Nguyet could come to the Task Force meeting via phone or in person, to answer questions about the study.</p> <p>The panel concluded that another face-to-face meeting is not required, review of the draft final report and providing answers to FAQs could be done via phone or e-mail. They expressed confidence in the PIR analysis and concluded that potential further study, as outlined in the October 30, 2003 meeting minutes (case series study, comparison of Station 31 to another SFD fire station) is not required.</p> <p>The panel thanked Nguyet for her outstanding work.</p>	<p>(<3), along with the expected number. With these cancer diagnoses, the specific PIR will not be listed but a notation will be made that a PIR was done and was not statistically significant.</p> <ol style="list-style-type: none"> 2. Nguyet will include an analysis of PIRs based on when firefighters started working at Station 31 restricted to each decade (ie, 70's, 80's, 90's) to look for cancer detection patterns (eg, prostate cancer diagnosis) or behavior patterns (eg, smoking prevalence, increased use of protective equipment) which may be more relevant in a particular time period. 3. A Proportionate Mortality analysis by firefighting as an occupation will be included using the WA State data set. This will provide additional information about mortality patterns in firefighters. 4. Nguyet will write the draft final report to be as “lay person-friendly” as possible, including a technical data section and glossary of terms, and perhaps have this reviewed by the Department of Health communications people. David Solet also offered to help in this regard. <p>Nguyet will distribute the draft final report to the panel via e-mail by no later than Monday, August 23rd. The panel will have one week to review and comment on the report.</p> <p>The panel agreed to keep the information</p>

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		<p>heard and discussed at the meeting confidential until the Station 31 Taskforce Meeting on September 7th where a communication plan will be discussed.</p> <p>Maggie will let Nguyet know of the date and time of the Station 31 Task Force meeting.</p>
<p>3. Next Steps</p>	<p>The Medical Testing Advisory Panel will review the PIR study final report, most likely in draft form, at their meeting on Tuesday, August 31 and make any follow-up recommendations. David Solet and Nguyet Tran will be present at that meeting.</p> <p>The Station 31 Task Force will meet on Tuesday, September 7th to review the study report and panels' recommendations. A communication plan will be developed at that time.</p>	<p>Maggie will advise the Epi panel of the Medical panel's recommendations.</p> <p>Maggie will advise the Epi panel of the Task Force's impressions, and the communication plan for distributing the information more broadly.</p>